# AISHA SIKANDAR KHAN

# License Number: OS12623

ProfessionOsteopathic PhysicianLicense StatusClear/ActiveYear Began Practicing01/01/2011License Expiration03/31/2026DateClear

# **General Information**

# **Primary Practice Address**

AISHA SIKANDAR KHAN 3135 STATE ROAD 580 SUITE 1 SAFETY HARBOR, FL 34695

## Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

This practitioner has not indicated any staff privileges.

# **Email Address**

Please contact at: khan.aisha@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State Profession

NEW YORK NEW YORK STATE MEDICAL LICENSE

## Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF FLORIDA	BACHELOR D	7/1/2002 - 5/6/2006	05/06/2006
NOVA SOUTHEASTERN UNIVERSITY	DO	8/20/2007 - 5/29/2011	05/29/2011

# **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

			Dates Attended	Dates Attended	1
School/University	City	State/Country	/ From	То	Degree Title
NOVA SOUTHEASTERN UNIVERSITY	FT. LAUDERDALE	UNITED STATES	01/01/2008	08/31/2011	MPH MASTER OF PUBLIC HEALTH

# **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

			Other			Dates	Dates
	Program	Specialty	Specialty		State or	Attended	Attended
Program Name	Туре	Area	Area	City	Country	From	То
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE-JACKSONVILLE	RESIDENCY	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	07/01/2011	06/30/2014

# Academic Appointments

## **Graduate Medical Education**

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

# **Academic Appointments**

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# **Specialty Certification**

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This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

# Financial Responsibility

# **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of selfinsurance as provided in s. 627.367, F.S.

# **Proceedings and Actions**

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## **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

#### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

#### The information below is self reported by the practitioner.

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

# Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center. The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

# Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

#### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

# **Optional Information**

#### **Committees/Memberships**

This practitioner has an affiliation with the following committees: American College of Physicians Infectious Disease Society of America HIV Medical Association

#### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
FELLOW OF AMERICAN COLLEGE OF PHYSICIANS	AMERICAN COLLEGE OF PHYSICIANS
BEST ABSTRACT IN BASIC SCIENCE RESEARCH AWARD- MAY 2015	INFECTIOUS DISEASE SOCIETY OF NY

## **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
CRISPR-CAS INFLUENCES THE ACQUISITION OF ANTIBIOTIC RESISTANCE IN KLEBSIELLA PNEUMONIAE	PLOS ONE. 2019 NOV 20;14(11):E0225131. DOI: 10.1371/JOURNAL.PONE.0225131. ECOLLECTION 2019.	11/20/2019
Q/A: HIV TESTING	JOHN HOPKINS CLINICAL GUIDELINES PROGRAM. NYSDOH AIDS INSTITUTE. HTTPS://WWW.HIVGUIDELINES.ORG/HIV-TESTING- ACUTE-INFECTION/HIV-TESTING/#TAB_6	03/20/2019

## **Professional Web Page**

This practitioner has not provided any professional web page information.

## Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

URDU PUNJABI HINDI SPANISH

# **Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.